

06/02 '04 15:04

ID:3M 220-11-01

FAX:

JUN 02 2004
PAGE 2

OFFICIAL

32692

Customer Number

Patent
Case No.: 58448US007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor: MARGARILL, SIMON
Application No.: 10/822397 Group Art Unit: Unknown
Filed: April 12, 2004 Examiner: Unknown
Title: COMPOUND POLARIZATION BEAM SPLITTERS

PRELIMINARY AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF TRANSMISSION	
To Fax No.: 703-872-9306	
I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on:	
June 2, 2004	Michelle Murphy
Date	Signed by: Michelle Murphy

Dear Sir:

Please enter the following preliminary amendment in the above-referenced application.

06/02 '04 15:04

ID:3M 220-11-01

FAX:

PAGE 10 OF 2004
OFFICIAL
6/02/2004

FACSIMILE TRANSMITTAL FORM	Applicati n Number	10/822397
	Filing Date	April 12, 2004
	First Named Inventor	Margarill, Simon
	Art Unit	Unknown
	Examiner Name	Unknown
Fax: 703-872-9306	Attorney Docket Number	58448US007
Total Number of Pages in This Submission: 11		

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Appeal Communication to Technology Center (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosures:
<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR § 1.52 or 1.53	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Communication to Technology Center	
REMARKS:		

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION
MAY CONTAIN CONFIDENTIAL OR LEGALLY PRIVILEGED INFORMATION
INTENDED ONLY FOR THE PERSON OR ENTITY NAMED BELOW.

If you are not the intended recipient, please do not read, use, disclose, distribute or copy this transmission.
If this transmission was received in error, please immediately notify me by telephone directly at (651) 736-3366 or
(651) 733-1500, and we will arrange for its return at no cost to you.